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ABSTRACT

Proceedings of a conference on adolescent pregnancy are presented in this document. Eunice Kennedy Shriver's opening address, in which she urged the building of "communities of caring" is summarized, as is the address by Gina C. Adams who discussed recent findings on the topic of adolescent pregnancy. Several programs developed to address the problem of adolescent pregnancy are described: (1) school-based programs (Judith E. Jones); (2) ameliorative programs (Freya L. Sonenstein); (3) across-from-school clinics (Laurie S. Zabin); (4) the Too Early Childbearing (TEC) Network (Anita Mitchell); (5) an array of interventions (Cheryl Davis Hayes); (6) comprehensive programming (Lorraine Klerman); and (7) Project Redirection (Barbara Blum). The state experience is examined by Linda Reivitz (Wisconsin), Agnes M. Mansour (Michigan), Gregory L. Coler (Illinois), and Cesar A. Perales (New York). Three workshops are described which were organized in the areas of Ethical Issues and Concepts (Linda A. Wolf), Interagency Coordination (Robert Fulton), and Media Relations (Clifton H. Jolley). The final section of the document presents conference recommendations for what the states, the American Public Welfare Association, and others can do to combat the issue of adolescent pregnancy. (NB)

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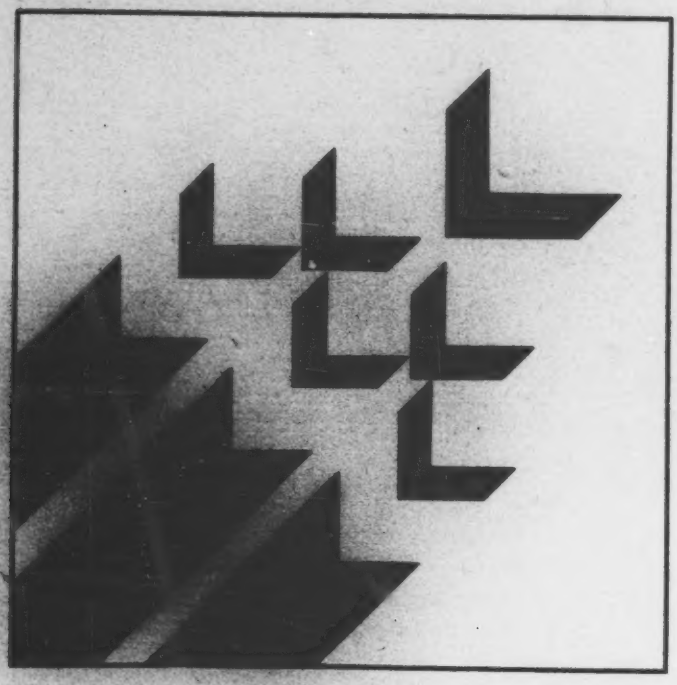
# Issues and Actions:

# Dialogues From Wingspread



**Proceedings of the Conference on**
**Adolescent Pregnancy: State Policies and Programs**
**sponsored by**
**The American Public Welfare Association**
**The Charles Stewart Mott Foundation**
**and**
**The Johnson Foundation at Wingspread**
**August 19-21, 1985**

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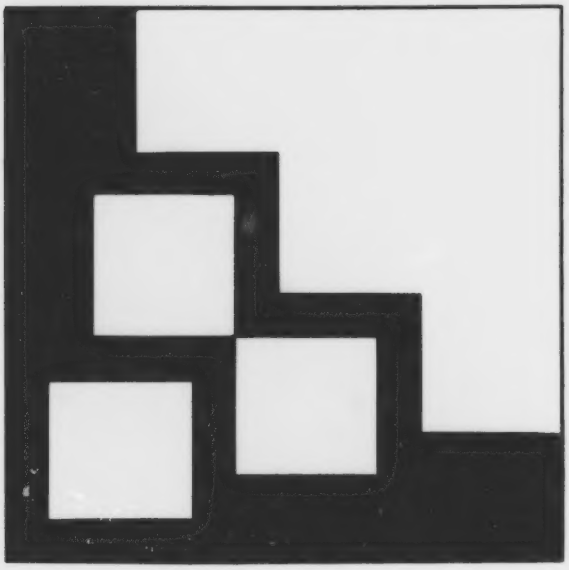
We have all read the stories, seen the statistics, acknowledged the problem. Some of us have been on the front lines—involved in direct intervention or research. Others have felt the heat from where we sit—the urgency to "do something." Many are just now beginning to enter the arena of discussion and debate. On several points, however, we can all agree: the complex issues relating to adolescent pregnancy will not go away on their own; they are not easily solved; they demand concerned, creative, and committed leadership.

The Wingspread conference—jointly sponsored by the American Public Welfare Association, the Charles Stewart Mott Foundation, and the Johnson Foundation at Wingspread—brought together state human service executives, researchers, social service professionals, and policymakers for information exchange, face-to-face discussion, and agenda setting. Participants heard presentations on the impact of early childbearing, explored current findings regarding sexual behavior of adolescents, and shared results of effective programs for prevention and amelioration of teen pregnancy. Working through large sessions, smaller workshops, and informal conversations, the group developed recommendations for state-level policies and programs for young people who are at risk, pregnant, or parenting. The Wingspread facility in Racine, Wisconsin—a restored Frank Lloyd Wright home praised for its quality of design, attention to detail, dynamic interchange, and "organic" nature—echoed many of the same strategies that came out of three days of meeting.

The results? No pat answers, no "silver bullets," but some workable steps in the process of helping to prevent adolescent pregnancy and make already pregnant and parenting teens more self-sufficient. Some of those recommendations are recorded here. The real impact of Wingspread, however, will play itself out in the momentum and resolve of those in attendance.

# THE ISSUES



*"I am here to talk about the need to create caring communities, caring families, caring friends, so that teenagers do not need to become pregnant to feel responsible, to feel loved, and to feel respected. The ideal contraceptive for young teenagers is to convince them that parenthood is wrong at this time in their lives."— Eunice Kennedy Shriver*

## COMMUNITIES OF CARING

Eunice Kennedy Shriver opened the Wingspread conference with a provocative address that urged the building of "communities of caring" to meet the problem of adolescent pregnancy.

"I think we would agree that the breakdown in American family life is our most important problem," Shriver pointed out that the American family has had its foundations rocked by the changing roles of women and men, the loss of the traditional two-parent family, the emergence of professional child-care providers, and the profound impact of biomedical advances. Never before have families been presented with such profound moral and ethical decisions surrounding birth and pregnancy. These changes require the most serious discussion and reflection. "It is clear that problems of the dimensions I am describing are not merely problems which can be resolved by focusing on pregnant teenagers. I do not stand alone when I say the heart of the problem and its solution lies within the context of family life."

Before any successful programs can be launched, Shriver emphasized, there must be a realization that having a baby in the early teenage years is wrong—morally, medically, economically, emotionally, and socially. Warning against a moralistic or condemning approach, however, she said, "loneliness, isolation, separation, issues that are the opposite of bonding a community must be addressed in our problems to help teenagers."

Over the last decade, the Kennedy Foundation has been working to provide services to pregnant teenagers and create a healthy family environment. The approach is called a "community of caring."

The community concept begins by defining basic, universal values for the family: for example, raising a child in a loving family is better than raising a child alone, finishing school and getting a job is better than dropping out and drifting off, sex with love is better than sex without love. Recognizing that early adolescence is a crucial age to develop values of caring, the curriculum seeks to encourage adolescents, make them more aware of their power to make responsible moral choices, and help them to harness that power in directions that are positive rather than destructive.

Not just a philosophy, communities of caring are actual places where services—such as prenatal and obstetrical care, parenting skills courses, nutritional and

physical fitness programs, creative arts classes, job skills training, and other services are available. The caring centers take on a variety of guises from a hospital to a maternity home, a health center or school, to a fraternal organization.

Because 95 percent of all teenage mothers elect to keep their babies, the communities also have developed a sensitive and concerned approach to adoption by seeking to strengthen the mother's self-esteem. Armed with a new self-concept, the adolescent mother often discovers that she does not need the baby as validation of self-worth and that the welfare of her baby and promise of her own future might be better served by adoption.

Shriver confirmed that this approach to adolescent pregnancy does work. Over the past four years, more than 300 programs have been represented at community of caring workshops and have integrated the concept into their ongoing programs. Sixteen model regional centers are now established across the country. Participants not only transplant the community concept in their centers, but have agreed to provide technical assistance and support to like programs in their regions.

The measurable results look promising, even among traditionally hard to reach populations in core cities, rural communities, and Indian reservations. Among these are:

- far fewer premature or low birth weights;
- a decline in the school dropout rate;
- reduced incidences of repeat pregnancies for the two years following the birth of the first child;
- less child abuse and neglect and less substance abuse in the young mothers and fathers.

In closing, Shriver appealed to the listeners to help build communities of caring in their states. "To our young people, we must provide a place, a vision where community isn't just talked about, but is practiced, and where values are not imposed, but lived."

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*Eunice Kennedy Shriver is the executive vice-president of the Joseph P. Kennedy, Jr. Foundation and chairman of the Special Olympics, Inc. Mrs. Shriver has fostered the development of the Family Life Program, the National Adolescent Family Life Program in 1978, and the Community of Caring for Pregnant Teens in 1981.*

## WHAT THE NUMBERS TELL US

***"The demographics of the problem tell us something very interesting. They tell us that the proportion of teenagers in the total population is going down, and in the next few years we're going to get people saying, 'see, the problem's licked—there're fewer of them.' That's the point, I think, at which we are going to be at greatest risk."***

Gina C. Adams, an analyst with the Congressional Budget Office Human Resources and Community Development Division, summarized recent findings on the topic of adolescent pregnancy. While commending the gathering of data to anyone planning to launch statewide or local programs, she pointed out that no one set of data can sufficiently get a handle on the scope of the problem. It is an extremely sensitive and sophisticated job involving evaluating dropout rates, transfers to schools for pregnant girls, absentee rates, abortion and birth rates, and so on. Adams stressed the importance of evaluative research, saying, "I don't think that the public is going to continue to support programs unless we are able to

document what has happened as a result of them."

An area that the Congressional Budget Office, in conjunction with the Charles S. Mott Foundation, is examining closely is the difference between older and younger adolescents. It has already been acknowledged that the risk of pregnancy to those who start sex very early is very high and that the age of first intercourse has its effects in many ways. What are the ages of risk? Reports have shown that 65 percent of the girls in schools surveyed were sexually active before age 16; therefore, programs targeting upper-junior high or senior high students obviously are too late. Further, younger girls do not respond to the traditional interventions of sex education and clinics—they typically don't have that stable relationship, which has always been associated with better contraceptive practice, and they aren't able to navigate the system to make appointments, manage a regimen, or even deny a partner. "We have to intervene with the entire range of poverty and hopelessness that are an important part of that picture. . . . I think it is a problem of beaten kids who have been denied their very childhood by the system in which they live." It is not enough to give lip service to those really complex differences between younger and older teens. Adams urged, we must translate those differences into programmatic differences. Unless programs can create the kind of motivating environment for kids, starting early before that first sexual experience that may be taking place at age ten, eleven, or twelve, she does not see any chance of turning the problem around.

At first glance, the numbers having to do with trends in adolescent pregnancy look encouraging:

- The pregnancy rate among adolescents rose slightly in the 1970s but appears to have leveled off in recent years.
- Sexual activity among adolescents increased sharply during the 1970s but has leveled off or even declined since then.
- Among those teens who are sexually active, more appear to be using contraception, however, there appears to be a trend toward less effective contraceptive use among those

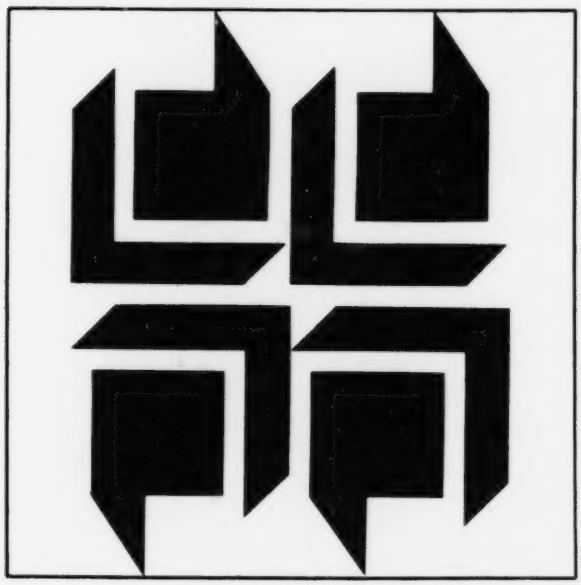
who do use it.

- At the same time, birth rates dropped, largely due to increased abortions.

Adams, however, warned of the false security the statistics give. "As there continues to be a 15-year generation for a small subculture, there is a 30-year generation for the more educated. We're going to have the development of a problem of a magnitude that we haven't ever seen yet. And the fact is that the total numbers, the absolute number change, will not take away from the tragedy for those young people."

In looking to the future, Adams offered a second point to consider: "When we reach a teenager in a primary prevention program, we're reaching her mother's life too—if she's 13 and her mother was 13 when she had her, we're talking about a 26-year-old mother that still has a life that might be getting on target if she isn't made into a grandmother against her will. It also has an effect on the baby of that 13-year-old. So, three generations at a very minimum are reached with every intervention given."

# THE DIALOGUE



*"There is no silver bullet. That's too bad there isn't one—it would make all of our lives much simpler."—Judith Jones*

## EVALUATING PROGRAMS THAT MAKE A DIFFERENCE

Just as the spectre of adolescent pregnancy rears its head at many different levels, the states, the demonstration projects, the agencies, and the community have seen that there is no single approach, no "silver bullet" to deal effectively with the problem. Prominent researchers offered their most recent findings to Wingspread participants and brought encouraging news of some ideas that are working. Panelists from the states exchanged their experiences, their successes, their frustrations, and their goals. Representatives from the agencies and foundations shared their strategies and struggles. Questions are being raised, answers are being found. From school-based programs to brokerage models. From public service campaigns to one-on-one mentoring. From ideological perspectives to grass-roots intervention—many are rolling up their sleeves and coming out swinging. What follows is a summary of the dialogues that took place.

- **School-based programs**

The concept of school-based programs is not really new—rather an old application done in a new way, and it's rapidly spreading across the country. The program that has been around the longest is one started in St. Paul, Minnesota, in a low-income community. Operating in four high schools in the city, prenatal and post-partum care—including family planning and social support services—are offered to teens. There has been a significant decline in birth rate in the four participating schools—from 59 per thousand in 1976 to 26 per thousand in 1984. Thirty-five percent of female students have requested and receive family planning services with a reported 93 percent continuing contraception at 12 months and 82 percent continuing at two years. These numbers are almost unheard of in the literature. It is exciting to see that among adolescent mothers, 80 percent remained in school after delivery, and repeat pregnancies occurred at only 1 percent within a two-year period.

Comprehensive school-based clinics, operating for the most part in disadvantaged areas, are now established in 32 high schools in 18 cities across the country. The comprehensive, holistic approach to looking at young people offers many important features. Confidentiality of services is a key ingredient to success. The team approach to care—consisting of part-time physicians, nurse practitioners, social workers, and paraprofessional health assistants from the community—appeals to everyone involved. Recent data reveals a very strong relationship between academic achievement, school retention, and pregnancy prevention. A prevention plan is being developed that will include an individual assessment of health status, academic performance, and existing familial and other support services.

Clinics are funded by combinations of federal, state, local, and private support. Most get started with foundation support and depend upon public funds for continuation. The role of social services, health, and education departments are absolutely critical to the long-term viability of the programs.

While not a panacea, the school-based system at least begins to take some important steps for resolving the issue of teen pregnancy and childbearing.

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*Judith E. Jones, Associate Clinical Professor of Public Health, Columbia University.*

- **Evaluation of ameliorative programs**

The Urban Institute evaluated 26 programs funded by the Office of Adolescent Pregnancy Programs. This office was established to coordinate policy initiatives in health and human services and to promote comprehensive and integrated approaches to services for pregnant and parenting adolescents, families, and partners.

The projects deliver a combination of health, education, employment, and family planning services for teens before and after the baby's birth, drawing on existing services or creating a service capacity where needed. The goals of the projects were to improve the health of mothers and babies, reduce repeat pregnancies, and increase self-sufficiency.

Did the comprehensive programs make a difference for clients? The results were not dramatic, but encouraging. Those projects with a heavy health emphasis produced demonstrable effects: fewer low-birth-weight babies, lower infant mortality, fewer miscarriages and complications. Less pronounced effects were seen in reducing pregnancies and promoting education. The projects did not do very well on employment, job training, and reducing welfare dependency.

Certain project characteristics were associated with good service delivery, chiefly good case management and well-developed community service networks. Each client has one staff member responsible for coordinating all care needed—the more extensive the case management, the more services the client received. What didn't matter was the physical location of the services or the on-site, off-site mix of services. Good case management and cooperation among community agencies assured more services to clients.

For already parenting teens, the data suggests that with additional investments in day care and family planning services, outcomes can be significantly improved in terms of reducing repeated pregnancies and increasing educational attainment, job training, and employment.

There are still many unknowns in terms of optimal services to avert the negative consequences of teen pregnancy, but the findings justify continuing efforts to test and refine service delivery models.

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*Freya L. Sonenstein, Senior Research Associate, The Urban Institute, Washington, D.C.*

- **Across-from-school clinics**

Past studies have shown that the greatest threat of pregnancy among adolescents comes early in their sexual exposure; once exposed, teens often will not seek out help until they think they already are pregnant. Teens need nearby, confidential, and caring services to help steer them away from an early pregnancy. This was the basis for a 28-month research and demonstration project of an across-from-school clinic in inner-city Baltimore. The following are highlights of the project design and findings:

- The vast majority of teens have a positive, responsible attitude toward finishing school and avoiding pregnancy. The clinic sought to create an atmosphere for teens to fulfill those already positive beliefs.
- Young people need to have time to talk to somebody, so it is important to have social workers on staff for counseling both at school and at the clinic. Continuity of both medical and social services staff is key.
- Young males see themselves as a responsible part of the process and do use contraceptives regularly and responsibly. As many junior-high boys as girls were seen.
- Girls and boys develop on separate timetables cognitively, emotionally, and physically: programs should address the needs of different segments of the population—males and females, older and younger teens.

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*Laurie S. Zabin, Director, Social Science Fertility Research, Johns Hopkins School of Medicine in Baltimore.*

- **TEC Networks**

The Charles Stewart Mott Foundation has been funding adolescent pregnancy programs for 25 years. Their recent focus has been on monitoring and evaluating those programs.

Called the TEC Network—Too Early Childbearing—the programs are located all around the country and are involved in prenatal care, postdelivery support, and primary prevention for teenagers at risk. An evaluation team "networks" among the programs monitoring and supporting credible evaluation standards, providing technical expertise through site visits and training conferences, and facilitating communication throughout network programs.

Since 1983, the TEC Network has focused its efforts in the following areas: reducing pregnancy complications, low-birth-weight babies, and infant mortality in teen mothers; increasing the percentage of those completing high school or equivalency; providing standard health care for the child and decreasing incidences of child abuse and neglect; and curtailing the likelihood of repeat pregnancies and economic dependency.

The Mott Foundation also is working with three other networks—The National Urban League, the Junior League Teen Outreach Network, and the Women and Foundations Corporate Philanthropy Network.

The TEC experience points up two things. Better comparative standards are sorely needed, particularly better data from the states. Data sources should work toward adopting common definitions and categories, and statistics need to be broken down similarly for each specific variable such as age group, school attendance, and ethnic groups.

Second, there is a need to emphasize the importance and effectiveness of monitoring how grant money is spent. One can have the most beautiful program in the world, but if the program manager is not going to stay on top of it, it isn't going to work. Evaluation can be low cost and still be good.

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*Anita Mitchell, Senior Scientist, Southwest Regional Laboratory in Los Alamos, California.*

- **An array of interventions**

Preliminary research findings from the National Academy of Sciences study on adolescent pregnancy and childbearing bolstered many of the conclusions already put forth, namely, there is no single approach that will solve all of the problems associated with parenting too soon. What's needed is an array of interventions that takes into consideration the particular characteristics of each community and that responds to the special needs of teenagers from varying social, cultural, and economic backgrounds and age groups. From one site to the next, the effectiveness of large-model, comprehensive prevention, prenatal care, and parenting programs will vary widely. Each program and program component should be assessed carefully before being implemented.

Because the scope of the problem of adolescent pregnancy is so broad, even the best evaluation will be far from complete, and from a scientist's perspective, will never be "pure." Nevertheless, evaluation in this area is beneficial and should be an essential part of every intervention program.

For information to be useful, researchers, particularly those just starting out, must bridge the gap between the discipline of research and the concrete needs of the provider community.

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*Cheryl Davis Hayes, Executive Officer, Committee on Child Development Research and Public Policy, National Academy of Sciences, Washington, D.C.*

**• Comprehensive programming**

*Patchwork Programs for Adolescent Pregnancy* is a study of 10 community programs for pregnant adolescents in four states. The study, authored by Richard Wetherly, sought to determine why some communities were able to develop and maintain comprehensive programs for pregnant and parenting adolescents, while other communities with problems of the same magnitude were not. Both state policies and local factors were examined.

The conclusion pointed to a basic flaw in the way comprehensive service programs were conceptualized and funded—it was assumed that basic resources already existed in most communities and that relatively small grants would provide the missing pieces to integrate the services. Lacking were material resources for such basic services as day care and counseling; individuals with the managerial ability to bring together agencies with different missions and philosophies; and community acceptance and political support.

States need to proceed on several fronts if they are to effectively provide the several essential services needed by young parents in a coordinated program:

- State agencies must assure that basic services are available in all communities;
- Interagency teams that examine how departmental policies and practices impact on pregnant and parenting teens should be developed;
- State funds—made available to all communities with demonstrated need and the ability to use the funds wisely—are necessary to develop and continue basic services and to make them more accessible

and acceptable;

- In communities where services are already provided, state agencies can take the initiative in preventive efforts such as sex education, public awareness campaigns, and youth employment programs.

Demonstration projects are not enough—eventually federal and state governments must decide whether the projects are achieving sufficient success to warrant duplication elsewhere. There are significant political and administrative barriers to local program development that inhibit preventive or remedial services for adolescents. States should support effective federal policies that compensate for differences in local capacity, eliminate basic service gaps, support local planning and coordination, and emphasize prevention.

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*Lorraine Klerman, consultant to* Patchwork Programs *and Head of the Division of Health Services Administration, Yale School of Medicine.*

- **Project Redirection**

Project Redirection was a comprehensive program designed to broker a range of services for adolescents who were pregnant or parents. The project, which has a very strong research component, was operated in 11 sites across the country by various community-based organizations. Its main objective was to help pregnant and parenting teens from poverty backgrounds enhance their chances of self-sufficiency by delaying a subsequent pregnancy and improving their educational, job-related, parenting, and other life management skills. The project used a brokering model to carry out those goals.

One distinguishing component of Project Redirection was the use of a "community woman" approach. Volunteers were recruited and matched to teens to serve as friends and role models and to reinforce program goals. Another feature was a rigorous impact analysis that was built in, which included interviews with 305 program participants and 370 comparison teams, conducted at 12 and 24 months following program entry.

The findings were mixed but on the whole, disappointing. While there were substantial impacts in several areas at the 12-month point, by 24 months, most of these had disappeared. It is thought that while teens remained in the programs they were positively influenced, but that influence ceased when they returned to their original environments.

Not all results were disheartening, however. For example, among teens not enrolled at school at first, the project increased the proportion completing school or in school at 24 months. Likewise, among those on aid to families with dependent children, the number working at 24 months was significantly higher than the control group. Teens enrolled at least one year also did better than their counterparts.

The most disturbing findings were that about half of both groups experienced a repeat pregnancy within 24 months, and about half were neither enrolled in school nor had completed an equivalent diploma. Less clear are the reasons for these findings: participants underestimating the possibility of pregnancy, an approach to family planning that may have been too low key, an inability to motivate teen mothers to practice contraception diligently, inability to overcome the idea of school being a place of failure to which teens don't want to return.

Manpower Demonstration Research Corporation, who executed the project, is now planning a new intervention based on Project Redirection. The new study will be geared toward slightly older mothers, and it primarily will be concerned with employment rather than education. It will share, however, many of the original program objectives—to help parenting teens make the move toward self-sufficiency.

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*Barbara Blum, President, and Janet Quint, Senior Research Associate, Manpower Demonstration Research Corporation, New York.*

## THE STATE EXPERIENCE

Human service executives around the country are marshalling the resources of their states to deal with the dilemma of adolescent pregnancy. Four administrators spoke candidly about what is happening in their states.

### • Wisconsin

***"Social service issues, let alone adolescent pregnancy, has simply not been the cause celebre."***

Wisconsin has a state-supervised, county-administered system of social services. The Department of Health and Social Services is an umbrella agency covering everything from prisons to vocational rehabilitation, so the issue of coordination is critical. At that same time, in a state where economic development was a key concern, there simply was no community support for the issue of teen pregnancy.

The strategy used by the department to confront the problem was to combine several pots of money to offer a total of $1 million in grants to local communities for prevention programs. The grants were announced prominently to the media, which brought the issues to the attention of the public and legislature. Those localities and politicians who felt slighted by failure to receive grant money suddenly discovered the problem.

One outcome of the ensuing controversy is a legislative group called the Pregnancy Options Committee. In an attempt to find common ground between opposing forces in the abortion discussion, the committee has recommended funds for family planning, in-school clinic programs, and an adoption hotline.

The human services department also allocated some of its federal funds to a program called "Healthy Birth." Dollars are used to screen for high-risk pregnancies, to educate health providers, to try to identify where high levels of teen pregnancies are in the counties, and to shore up health clinics and projects that provide prenatal and postdelivery care. It is a multipronged approach that has the support of everyone involved.

In short, Wisconsin is an example of taking advantage of what is going on in your state and capitalizing on it.

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*Linda Reivitz, Secretary of the Wisconsin Department of Health and Social Services.*

- **Michigan**

***"Everybody has to own the problem in order to own the solution."***

In a state that two and a half years ago had the highest unemployment rate in the country—17 percent—Michigan was called "Welfare Wonderland." The climate for supporting social programs of any kind was bleak; in fact, many opponents blamed social programs for creating the economic programs that led to dependency.

Still, responsive leadership in the department of social services was able to design frugal programs to address the issues of adolescent pregnancy, programs that could be sustained over a period of time at reasonable cost. The first step was to make the connection between getting to the roots of social problems—such as the feminization of poverty of which teen parenting is a part—and economic development. In order to create a positive business climate, you have to improve the quality of life. Zeroing in on the problem of teen pregnancy was identified as one area that could make a difference.

With $1 million in the budget, the department funded more than 74 programs, such as group homes, peer counseling and educational programs, theater groups, outreach, parenting classes, health centers, and statewide conferences. A media campaign aimed at prevention says, "Do yourself a favor—save it for later." Department initiatives have gained public and legislative support because of its track record for solid results with limited funding.

Michigan is now billing itself as the "comeback state." The role of the local community to accept the burden of correcting social problems and not put them on the government has been acknowledged. Even with very little, the challenge of addressing some of the social problems—especially teen parenting—can be a very positive experience.

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*Agnes M. Mansour, Director, Michigan Department of Social Services.*

• Illinois

***"With no education, no skills, no money for day care, and no husband to help, these young mothers end up in a line in one of our public aid offices. And if they have a second child before they get out of their teens, they'll be standing in those lines for the rest of their lives."***

The cost of teenage pregnancy in Illinois has been estimated at close to $1 billion a year. In addition to those costs for public aid, private charity, day care and health care for mothers and babies, another billion and a half dollars are spent annually on Medicaid, most of that for women and children. But the dollars and cents don't begin to reveal the cost of lives spent in the cycle of continuing dependency.

Illinois Governor James Thompson, backed up by the legislature, has given support to "Parents Too Soon"—a three-year-old initiative that coordinates 10 state agencies and 127 private agencies to address the prevention of teenage pregnancies.

Not another state bureaucracy, nearly all services in this effort are contracted for in local communities. The department of public aid's counterpart is the "Young Parents Program" aimed at helping young parents stay in school, get back in school, or get into a job training program. A partnership with a corporate sector program called "Employ Illinois" will soon be introduced, its goal—to find jobs for nearly 90,000 welfare recipients.

Cooperation is the key to success. The board of education and the departments of public health, employment security, commerce, community affairs, alcohol and substance abuse, and others have established a statewide hotline to refer teens to the appropriate source of help. School clinics are another good example of "Parents Too Soon" cooperative efforts.

Recognizing that each department and private foundation does not have enough money and time to create and administer its own programs, working together can enhance the ability to make the most out of every dollar and reach more young people than could be reached by working alone.

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*Gregory L. Coler, Director, Illinois Department of Public Aid.*

- **New York**

***"We have the tools to identify who these young kids are. They're all in our computers, and we have got to figure out a way to get to them."***

The recent history of New York State's involvement in the area of adolescent pregnancy prevention is tied to a decision to spurn the Hyde Amendment, which in 1978 prohibited the use of federal funds for abortions. In a political tradeoff, New York State opted to continue to finance Medicaid abortions in exchange for a separate $1 million program to fund Catholic Charities for those women deciding to carry their babies to term. Other constituencies—a black and Puerto Rican legislative caucus and Planned Parenthood—lobbied for community-based program funding.

The governor and state legislature now have allocated $5 million annually for coordinated, comprehensive prevention programs for those communities deemed at highest risk. Case management services for teen parents in the aid to families with dependent children program also receive state funds. Case management is believed to be the ingredient that makes the biggest difference in program success. That is where second pregnancies can be prevented.

In the future, more attention will be given to day care services for young mothers, job training and employment programs, and communicating with at-risk teenagers who are covered by the early periodic screening and diagnostic treatment program. These three components will provide what New York State needs to successfully continue its attack on teenage pregnancy.

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*Cesar A. Perales, Commissioner, New York State Department of Social Services.*

## A Community Agency Perspective

Community-based organizations and local agencies are important links in the chain needed to deal with the problem of teen pregnancy. "State agencies must look more to community initiatives and community-based organizations as crucial links to those adolescents most in need of both preventive and ameliorative services," according to Ed Pitt, associate director of health for the National Urban League. Warning that lip service is not enough, Pitt noted the importance of not only working with indigenous groups to elicit their participation, but to actively support their programs.

The league has made teenage pregnancy a priority in its 113 affiliates across the country. In 1984, in conjunction with the NAACP, the league sponsored a National Black Family Summit, involving over 100 black membership organizations, to examine a range of issues confronting the black family in America today. Summit participants reached a consensus on the devastating effect of teenage pregnancy in the black community, and a decision came forth to promote a comprehensive package of health and social welfare services in support of black families, whether one- or two-parent families. Of chief concern was the reduction of high infant mortality rates within the black community and intervention in the cycle of poverty among adolescent, female heads of families.

A major initiative resulted—the forming of a strong coalition of organizations that has taken a strong advocacy and public policy position on adolescent pregnancy. The coalition includes the Children's Defense Fund and Child Watch, the National Council on Negro Women, the National Organization of a Hundred Black Women, the Junior League, and several black fraternities and sororities. The organized church also is beginning to take on the problem of teen pregnancy.

Further, as recipients of a grant from the U.S. Department of Health and Human Services, the Urban League is seeking to reduce the incidence of teen pregnancy through increasing parental involvement with their children. The league trains lay leadership in the community to talk to and work with parents. Another effort is a national media campaign on male responsibility. Programs are now being developed such as job training programs and values clarification classes.

"We are seeking now the con-

vergence of a number of forces in the black community in a single voice, a unanimity of expression of concern about the problem of teenage pregnancy. That unanimity now makes it possible—if you are truly concerned about reaching that hardest to reach, that most at-risk population—to get directly to some of those sources beyond your already established agencies. You do now have avenues."

## The Workshops

A valuable part of the Wingspread experience was breaking into small groups for brisk interchange of ideas. In concurrent workshops on ethical issues and concepts, interagency coordination, and media relations, participants further explored the issues as they pertain to adolescent pregnancy and then reported back highlights of their discussions.

## Ethical Issues and Concepts

American society is guilty of holding two beliefs that can be in conflict with one another: first, the ethic that teaches helping one another; and second, the Protestant work ethic, which expresses itself in platitudes such as "God helps those who help themselves." Given that, how do we try to resolve the ethics of social issues such as intervention in the problem of teenage pregnancy?

A starting point is to adopt a basic tenet that it is better to work to improve the human condition than to allow disintegration of our society. A second point is to not allow the extremes

of the ideological positions—pro-life versus pro-choice for example—to become the starting point of any discussion of solutions. Rather, begin with what can be agreed upon. Better not to talk so much about the destruction of public health by allowing unwanted pregnancies to run an unintended course; better to talk about the positives of promoting good health among teens.

Another question considered was when does a private disaster become a public concern? In an individualistic society, it has become difficult to say to a teenager "Don't do what you're doing because it affects other people." Yet, it is possible to tell that teenager that he or she has options and that it is better for his or her private life not to have a baby at age 13.

Also discussed was the impact of personal values as they apply to the ability to administer programs. Professionals in the social services must give voice to their own values while giving leadership to the values that form the public policy they are trying to administer. Those values transcend religion—rather, they are what each individual believes and what we as a society believe. If we're going to expect values to be central in the lives of teenagers, values have got to be central in the lives of administrators of public programs.

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*Discussion leader: Linda A. Wolf, Associate Executive Director, American Public Welfare Association.*

## Interagency Coordination

Coordination needs to take place on three levels: within each individual agency, among the various programs and agencies involved in the problem of adolescent pregnancy, and among the services provided to the individual client. Coordination is not only intergovernmental, but, at best, is a mobilization of the whole community. It was commonly felt that just as administrators can not look for a silver bullet to solve this problem, they can not look for more silver—more money—either.

There also needs to be a triangle working well together among the welfare and social services, the health areas, and education.

If you can get those three components together, the group concluded, you will really begin to focus on the problem. One tangible idea was an inventory or catalog of services that have something to offer the pregnant teenager.

In an approach to coordination, it was recommended that first, states should take stock of what programs are already available, what are the agencies and others doing. Second, responsibilities need to be clarified—of 16 states represented, no agency was identified as the single or lead agency for the issue of adolescent pregnancy. Absent that, there at least needs to be a clearly identified coordinating mechanism to which people know they can turn. Third, there should be an entrepreneur—an individual or group acting as a catalyst—willing to assert some leadership and trying to generate some coordination around the issue.

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*Discussion leader: Robert Fulton, Director, Oklahoma Department of Human Services, Oklahoma City.*

## Media Relations

Workshop participants shared strategies to gain media attention and support in their states to confront the problem of teen pregnancy.

One tactic advocated is to "shamelessly appeal to the strong, blatant public support for the well-being of children." For example, to bring the issue to the fore, a state executive convened a task force and produced a report that was distributed statewide. Because the state government always calls a press conference to accept such a report, there was a burst of publicity on the issue. As public awareness and interest grew, public hearings were held throughout the state. Contacts then were made with editorial offices, which were eager for information, and reporters were invited to come along on field trips.

It was suggested that if human service executives, can take the problem and link it with other concerns such as child welfare, child education, child health, child deaths, an issue will be created in the public's mind by virtue of the office that they hold.

One participant stated, "We have within our own current authority and resources the ability to make this an issue in our own state."

It was agreed that it is important to be clear about what needs to be accomplished through the media; have some sense of your values, goals, and objectives; and figure out strategies of how to use the media to further those priorities. In appealing to the public, be honest with people about the fact that no one has all the answers to the problem and that the public is invited to generally participate in the process of finding solutions.

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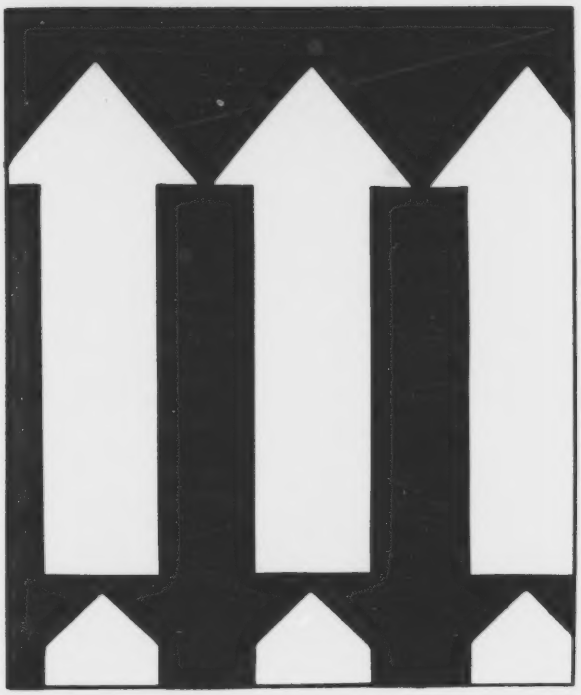
*Discussion leader: Clifton H. Jolley, Avenues Communications, Salt Lake City, Utah.*

# THE ACTIONS



*"I think we have learned that there's no one model, yet, on which one would want to stake one's whole bank roll, and any of the points along the continuum, radiating from prevention to support, would be worth going out and beating the drums about. There is a continuing need for great diversity and experimentation along a number of those points in the continuum."—Ruth W. Massinga*

*I*n a final brainstorming session,Wingspread participants stated recommendations for action that focused on (1) what the states can do; (2) what the American Public Welfare Association can do; and (3) what others can do to continue to combat the issues of adolescent pregnancy and keep the dialogue alive. Participants formulated both short- and long-range strategies whose key tenets involve communication, coordination, cooperation, and diversity.

## What States Can Do

- Prepare and share with other states a report highlighting successful models and proposed programs developed in your state;
- Target those programs that reach teenage males, particularly emphasizing employment and job training opportunities;
- Support state legislation that would tie unemployed fathers under child support orders to training and job placement programs;
- Follow, support, and respond to federal block grant legislation related to teen pregnancy issues, such as HR 3128;
- Help disseminate information to those who can use it most by keeping APWA informed of significant activity in your state;
- Define realistic ways in which states can actively be involved and articulate those ideas to APWA membership;
- Be a vanguard in the states on the issues of adolescent pregnancy.

## What APWA Can Do

- Collect and disseminate information gleaned from the states, research community, federal government, and others on the topic of adolescent pregnancy;
- Develop a mechanism between researchers and foundations that would synthesize information and get it into the hands of the states while it is still fresh;
- Coordinate requests for research data;
- Facilitate the process of raising the issues in states and communities;
- Make the issues of adolescent pregnancy a strong component of the APWA agenda and reinforce that agenda to APWA membership;
- Initiate state-by-state surveys on success models with a brief description of what each state has done and where it is generating new activity, and develop some measurement of outcomes.
- Operate as a nexus where practical research and practical application come together, and institutionalize APWA staff support for these activities;
- Develop strategies to coordinate federal efforts and advance the need for integrated services on the federal level before the Congress;
- Develop and disseminate a position paper on strengthening the family;
- Solicit foundation support for "SWAT" teams to provide on-site technical assistance to states;
- Bring together health care professionals and educators with APWA equivalent organizations for further dialogue.

## What Others Can Do

- Join with APWA to cosponsor a conference for social service professionals and educators;
- Interpret, clarify, and summarize data to share practically with states;
- Tell states what kind of useful data they should be collecting;
- Articulate to APWA ideas for involving others in the dialogue on adolescent pregnancy.

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## The American Public Welfare Association

APWA is a not-for-profit, membership association that provides national leadership in the field of social services policy and administration. Its objectives include conducting policy analysis and research; acting as representatives of state and local human service agencies to the executive and legislative branches of the federal government; serving as a source of information on social service legislation and trends; and providing educational and training support to public welfare personnel.

## The Johnson Foundation at Wingspread

The Johnson Foundation Inc., Racine, Wisconsin, is a privately operated foundation established in 1959 by the family-owned company S.C. Johnson & Son Inc. (Johnson Wax). The foundation serves as a convening authority for conferences, which are usually held in cooperation with one or more other institutions or associations. The charter of the foundation defines four broad categories for action: international understanding, educational excellence, improvement of the human environment, and intellectual and cultural growth.

## The Charles Stewart Mott Foundation

The Charles Stewart Mott Foundation was founded in 1926 for educational, charitable, and scientific purposes. Since 1935, the national grant-making foundation has provided support for community education in areas such as teenage pregnancy, family programs, community communication, senior family members, community policing, and community health.